

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09802093

FILING DATE

03-12-01

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		/				51						
2		1		/			52						
3		1		/			53						
4		1		/			54						
5		1		/			55						
6		1		/			56						
7		1		/			57						
8		1		/			58						
9	1		/				59						
10		1		/			60						
11		1		/			61						
12	1		/				62						
13		1		/			63						
14		1		/			64						
15		1		/			65						
16		1		/			66						
17		1		/			67						
18		1		/			68						
19		1		/			69						
20		1		/			70						
21		1		/			71						
22			/				72						
23			/				73						
24			/				74						
25			/				75						
26			/				76						
27			/				77						
28			/				78						
29			/				79						
30			/				80						
31			/				81						
32			/				82						
33			/				83						
34			/				84						
35			/				85						
36			/				86						
37			/				87						
38			/				88						
39			/				89						
40			/				90						
41			/				91						
42			/				92						
43			/				93						
44			/				94						
45			/				95						
46			/				96						
47			/				97						
48			/				98						
49			/				99						
50			/				100						
TOTAL IND.	3		3				TOTAL IND.						
TOTAL DEP.	18		14				TOTAL DEP.						
TOTAL CLAIMS	21		17				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS